



SCHOOL OF EDUCATION
OFFICE OF CLINICAL PRACTICE –
Fieldwork & Student Teaching
Tel. (212) 650-6915

CANDIDATE’S EVALUATION OF THE FIELDWORK PLACEMENT

Student’s Last Name _____ First _____ Date _____

Student’s Email Address _____ Phone Number _____

CCNY Course Number _____ Course Title _____

CCNY Instructor’s Name _____ Semester _____ Year _____ UG ___ G___

Fieldwork Teacher’s Name _____ Class/Subject Observed _____

School/ Placements Site _____

Instructions to the candidate: The Office of Clinical Practice would appreciate your input regarding the above fieldwork placement. Please circle the appropriate rating. (e.g. 3= Exceeded Expectations; 2= Met Expectations; 1= Did Not Meet Expectations; N/A=Not Applicable) for each of the items below:

- | | | | | |
|--|---|---|---|-----|
| 1. The placement met the requirements for my course. | 3 | 2 | 1 | N/A |
| 2. The school’s placement coordinator welcomed me in a professional manner. | 3 | 2 | 1 | N/A |
| 3. The classroom teacher was cooperative and professional. | 3 | 2 | 1 | N/A |
| 4. My experience with the students was enjoyable. | 3 | 2 | 1 | N/A |
| 5. What is your overall rating for this fieldwork placement?
(Please explain below) | 3 | 2 | 1 | N/A |

Please provide any comments below, especially if one of the above items received a rating of 1 (Did Not Meet Expectations).

Thank you for your comments regarding this fieldwork placement.